

FILED APR 19 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 13094

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>									
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington Rural St. Francois</u>		c. LENGTH OF STAY (in this place) <u>11 mos. 20 das.</u>		c. CITY OR TOWN <u>Parma</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				e. STREET ADDRESS (If rural, give location) <u>0720</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1954</u>										
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed or divorced</u>		8. DATE OF BIRTH <u>Oct. 17, 1888</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad work</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisburg, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
13a. FATHER'S NAME <u>William Joel Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Emaline Suts</u>		14. NAME OF HUSBAND OR WIFE <u>Della Mae Shaw</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records, State Hospital No. 4, Farmington, Mo.</u>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia, bilateral - - - -</u>				<u>abt. 3das.</u>					
				ANTECEDENT CAUSES				DUE TO (b) <u>Congestive heart failure - - - -</u>				<u>Abt. 1 mo.</u>	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Arteriosclerotic heart disease - -</u>				<u>Unknown.</u>	
II. OTHER SIGNIFICANT CONDITIONS				Psychosis with cerebral arteriosclerosis.									
Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from <u>April 6, 1953</u> , to <u>April 2, 1954</u> that I last saw the deceased alive on <u>April 2, 1954</u> , and that death occurred at <u>4:25A.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>J. P. Brennan M.D.</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>			23c. DATE SIGNED <u>4-3-54</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parma Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parma, Missouri</u>								
DATE REC'D BY LOCAL REG. <u>Apr. 3, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Reddy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins, Funeral Home, Parma, Missouri</u>									

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*C. H. Cozart*

Licensed Embalmer No. *470*

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.